D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or **UNITED STATES HOUSE OF REPRESENTATIVES** exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: Mike I hompson 2017 FINANCIAL DISCLOSURE STATEMENT reporting period? A. Did you, your spouse, or your dependent child: REPORT TYPE a. Own any reportable asset that was worth more than \$1,000 at the STATUS Receive more than \$200 in uneamed income from any reportable FILER end of the reporting period? or asset during the reporting period? 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. District: State: ₹ <u>√</u> ぎ く ×es × Yes Daytime Telephone: (202) Amendment š ₹ 6 For Use by Members, Officers, and Employees Did any individual or organization make a donation to charity in fieu of paying you for a speech, appearance, or article during the reporting period? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Form A Employee Officer or Employing Office Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. ACHIBUGE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 MAYOHE MAYORIGE DELIVERED 1 ... 12 Shared Staff Filer Type: (If Applicable) HAND *** * *** ž Principal Assistant <u><</u> ₹ 중 **Z** 종

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IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

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ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

¥6	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No 🗹	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
Yes No	IPQ - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

M35/M39 Kearcy Street, St. Helena	अण्म	IT FIRST PROJECT BOOK	J Bank of Amore	ABC Hedge Fund X	Examples:	SP Maga Corp. Shook Est	\$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete eddress or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second hones and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or moome derived from, a floberal retirement program, including the Thrift Savings Plan. If you report a privately-fracted fund that is an Excepted investment Fund, please check the "EIF box. If you so choose, you may indicate that an asset or income source is that of your apouse (SP) or dependent of Md (DC), or jointly hald with snyone (JT), in the optional column on the far left. For a detailed decussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	BLOCK A Assets and/or income Sources Identity (e) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable seet or source of income that generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account their exceeds the reporting thresholds.
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	7	*	*	Partnership	Koyamas		NOME DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: a.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(tt), IRA, or 529 accounts), you may check the "Tax-Deferred rockum. Dividended, interest, and capital generate even if reinvested, must be disclosed as income for assets had in taxable accounts. Check "None" if the asset generated no income during the reporting period.
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						S(part)	\$1,000. \$1,000.	Leave this column blank if there are no transactions	BLOCK E Transaction Indicate if the asset had purchases (5), or sales (5), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was acid, please indicate as follows: (5 (pert)).

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

SCHEDULE B TRANSACTIONS				Name:	Mike	L	how	\$	Ź	۲ ا		Page	6	of	y .	
Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Type o	Type of Transaction	tion		Date				ş	Amount of	of Transacti	10 1	3			
reputing period or any executity or real property read by you, your appears, or your dependent of his definition of the production of income, include transactions that resulted in a capital loss. Provide a brief description of an extraoring transaction. This could be applied to the production of the				n		>	œ	n	0	(m	71	6	I	_	_	*
purchase of sale of your personal residence, unless it generated restal income. If only a portion of an esset is sold, please choose "partial sale" as the type of transaction.				pital Gal	(MO/DAYR) or Quarterly,											
Capital Gaine: If a sales transaction resulted in a capital gain in excess of \$200, check	-	***	•	ox II Ca d \$200	weekly, if								,000	,000	0,000,0	000,00 OC As
the capital gain from on Schedule A.	irchine	vitial Sa	schange	neck Bo coede	dynamic	,001- 15,090	15,001- 50,000	60,001- 100,900	100,001 250,000	250,001 500,000	500,001 1,000,0	0,000,1 0,000.3	5,000,0 25,000,	25,000 50,000,		
* Column K is for assets solely held by your spouse or dependent child.	Pu Sa		E	0		\$1 \$1							\$2			
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EDULE B TRANSACTIONS y purchase, sale, or exchange transactions that exceeded \$1,000 in the second of any security or neel property held by you, your spouse, or your	Type of Transaction	Name: Mike Thomp		 	∐ ፞፞፞	₽ 2	ount	Page.	Pag			 	
bendo of any security of rest property free by you, your spouse, or your could be freest-borne that could be freest-borne that the capital loss. Provide a brief description of an exchange transaction, transactions between you, your apouse, or dependent children, or his managedions between you, your apouse, or dependent children, or how you sell your property in the provided provided that the could be selled to the country of the provided that the country of the count		Gain (NOODAYR) or	*	199		ם	m	ņ	a	I	_	د	*

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SCHEDULE B - TRANSACTIONS

Name: Mike Thompson	
Page of 13	

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SCHEDULE B - TRANSACTION

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Name: Mike Thompson
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Report any s reporting peri dependent in a Exclude tran purchase or a s portion of a Capital Gains the 'capital gains	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any accurity or real property held by you, your spouse, or your dependent child for investment or the production of isome. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your promote residence, unless it generated remail booms. If only a portion of an assert is sold, please choose "partial sale" as the type of transaction. Capital Gaines: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tex-deferred account, and disclose	•	Type of Transaction	Sale Sale CCCO	90		Date (MODAYR) or (MODAYR), or B- weekly, or B- weekly, if applicable	>				· D .	Amount	Amount of	Amount of Transact	Amount of Transaction	00 D Amount of Transaction 01- 000	00
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SCHEDULE C - EARNED INCOME

Name: Mike Thomason
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

						St. Helena Hospital Spouse Salazy	Examples: State of Registration Spouse Space (Oct. 2) Spouse Space (Oct. 2) Spouse Space() Chris War Rount(table (Oct. 2) Spouse Space() Ontario County Board of Education Spouse Spalery	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
						2/4	\$10,000 \$1,000 \$1,000	Amount	ate was \$27,765. The 2018 limit in bited.

SCHEDULE D - LIABILITIES

sporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

					
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	Amer	Example			
	37 Amerian Agardit	First Bank of Wilmington, DE	Creditor		
	१०३	5/15	Date Liability Incurred MO/YR		
	form Development	Mortgage on Rental Property, Dover, DE	Type of Llability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fratemal, or political entitles (such Position	held in any religious, social, firstemal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature. Position Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Mike Thompson

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(e)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (YM)
	Government of China (MECEA)	Aug. 6-11	DC-Beijng, China-DC	Y	٧	Z
Exampleat	Habitus for Humanity (charity functaiser)	Mar. 3-4	DC-Boston-DC	Υ	٧	Y
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